Disability-Related Employment Accommodation Request Report Form FY (insert year), (insert quarter) **Due Date: (insert due date)**

Agency: (insert agency name)

Date Submitted: (insert date submitted)

Stated Disability	Accommodation Requested	Date Received	Accommodation Provided (Yes/No, Alternative)	Give Brief Explanation	Cost	Date (During Quarter)		Comments
						Approved	<u>Denied</u>	
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